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DR. DURKEE'S REMARKS ON SCROFULA.

[Continued from page 235.]

THE proper lymphatic glands, as those of the neck, mesentery, &c., are most commonly affected with enlargements at an early period of life. In these glands the scrofulous leaven finds ample *materiel* through which to diffuse itself. The vessels which enter into their composition act with diminished power—their contents accumulate—the most liquid portion alone penetrates through them, while the grosser particles of albuminous or lymphatic matter remain and become a source of chronic irritation. The fluids, appropriate to their structure, concentrate towards the seat of irritation, absorption is partially suspended, and a gradual congestion takes place precisely in the manner that blood, in a plethoric habit, will accumulate around the point of irritation and produce sanguineous congestion and inflammation. This disease of the mesenteric ganglions constitutes the *tabes strumosa*. Some pathologists believe that the extreme emaciation, which always accompanies this condition of the mesentery, is produced by total obstruction of the glands through which the chyle must pass in its course to the thoracic duct. That this wasting is not thus occasioned, appears from the fact that some children, in whom mesenteric tumefactions can be felt in the form of protuberant knots in the abdomen, have survived many years, and at last died of other complaints; besides, injections pass through the glands with facility. May not the atrophy, as well as the voracious cravings for food, arise from deficient chylosis, interrupted by irritation or sub-inflammation of the mucous membrane of the intestines; from the derangement attending on absorption caused by lesion in the tissue from which the lactiferous vessels originate; and from the faulty assimilation produced by the morbid state of the lacteals themselves, especially the mesenteric ganglions?

When the glands of the neck, groin, &c., enlarge and proceed to suppuration, they exhibit great uniformity of symptoms. The tumor at first is somewhat hard, indolent and moveable. It gradually passes into its second stage, takes on inflammation, and finally ulcerates. Before ulceration occurs, the skin becomes of a dark leaden hue, similar to that round venereal sores, and which marks debility of the system. This livid color remains after the ulcer has healed. The evacuation is thin, gleet, lactescent or caseous, but never strictly purulent. The ulcer has smooth, obtuse edges, which overhang its borders—its base is deep,

with granulations loose, glossy, and deep pink or rose colored—and is not painful.

The same remote and proximate causes that produce scrofulous affections in the soft parts, extend the same malign influence to the bones. The materials for their nutrition and health, as well as for every other tissue, are derived from the blood; and if the digestive economy have fallen into disability to yield a constant supply of this fluid, in a normal state, to the bones, they will experience that derangement in function and structure, which constitutes the scrofulous malady in them; and it is important to keep in view the entire etiology of this disorder, because a regard to it will help to form a basis on which to build a correct system of therapeutics. Scrofula in the bones, then, depends upon that general malaise of the system which gives rise to it in the other structures. It usually shows itself at an early age, and will almost invariably be seen in combination with those constitutional symptoms which common consent has pronounced to be its peculiar characteristics. The lymphatic glands of the neck, mesentery, &c., will be enlarged, and the whole aspect of the patient will show the diathesis. The cancellous structure of the bones is the part primarily affected, in consequence of which, ulceration takes place in the cartilages surrounding the articulations. The bones become preternaturally vascular and soft; and as the blood does not transmit the requisite amount of proper nutriment, they contain a less than usual quantity of earthy matter. The cylindrical bones, and those composing the vertebral column, are most frequently diseased. Brodie denies that the cranial bones are ever the seat of scrofulous inflammation. This statement, however, is opposed by the high authority of Drs. Johnson and Benjamin Bell.\*

In the *treatment* of scrofula we have no *magnum remedium*, possessing catholic virtues, whatever texture or constitution may be invaded.

The first indication is to invigorate the system. Scrofulous patients require both medicines and diet of a more stimulating nature than ordinary subjects. It is remarked by Sir Gilbert Blane that wine, strong malt liquors, and a free use of animal food, which in other persons would excite heat and repletion, have been found to constitute the most salutary system of diet in scrofulous temperaments. Although not disposed to acquiesce implicitly in the statement of Sir Gilbert in regard to the above named beverages, I am satisfied, from observation, that if individuals of scrofulous diathesis indulge in their use even to excess, they receive less physical injury than would be experienced by others from a like indulgence. But considerations of a moral character should make the physician cautious as to the class of stimulants and cordials which receive his sanction.

The train of morbid actions commences in the digestive organs, and in a simple state of scrofulous constitution, before any special local affection is developed, much may be done by rigid attention to diet, air, exercise and cleanliness. Generous aliment should be provided. Scrofulous children require liberal nourishment in order to promote their regular growth, which constitutes the most important function at this

\* Med.-Chir. Review, No. 20, p. 409.

age. Animal food is more nutritive and stimulating than vegetable; that is, the same quantity of the former will make more and richer blood, and will satisfy the demands of the digestive organs for a longer period, than the latter; experience has, however, demonstrated that a mixture of the two is most conducive to health. Some writers consider milk unfriendly to persons of scrofulous temperament, but I know of no rational objection to its most liberal use; on the other hand, no one article of diet is so wholesome and valuable as this. It contains an admirable union of animal and vegetable properties, and holds a middle rank between the two; it affords a gentle and salutary stimulus to the stomach, is easy of digestion, yields a rich supply of chyle, and is peculiarly fitted for restoring a debile constitution, and for every purpose of preserving health. It fully maintains the robustness of the system, without any of the disadvantages which result from an excess of animal food, on the one hand, or the diminished strength and vigor which would be the effect of a strictly vegetable diet, on the other. Children confined to this article as their principal food, instead of being weakly, pale, and stunted in their growth, will be found stronger and in every respect more rugged, than those pampered with the delicacies of a sumptuous table. I seldom meet with a scrofulous patient who cannot advantageously take milk under some of the modifications of which it is capable. If the stomach is troubled with acidity, and an alkali is needed, lime water or carb. magnesia may be added; if it produces an astringent effect, it may be taken with a small quantity of oatmeal gruel.

The numberless compounds of rich cake, pastry and sweetmeats, the high-seasoned dishes, and the various other unnatural mixtures, which a refined cookery brings to our tables in so many tempting forms, but which irritate and exhaust, rather than fortify the tone of the digestive powers, should be interdicted as so many "abominations."

The prophylactic influence derivable from pure fresh air, is a matter of no small importance. Without this, the requisite arterIALIZATION of the blood cannot be effected; and the physician should not lose sight of the advantage to be gained by placing the patient, if possible, in a rural situation, where a clear, salubrious atmosphere can be enjoyed.

Immediately connected with this subject, is that of exercise. This stands at the head of all the branches of regimen, especially as it relates to those in whom the disease has not assumed a serious local character, or advanced to the inflammatory stage. Digestion, assimilation, secretion, circulation—indeed, all the functions will be promoted, and the whole system daily gather strength and firmness, from physical exertion in the open air. That kind of exercise is most beneficial which enlists the greatest number of muscles, agitates the general frame, and compels the individual to vary his position so that the abdominal viscera may participate directly in the motions. It should be accommodated to the existing powers of the patient, and gradually increased as strength and agility are acquired. Sydenham promised to cure every disorder by putting his patient on a horse. If circumstances forbid the employment of out-door exercise, external frictions assiduously applied, shampooing, &c., will furnish valuable substitutes. Muscular effort demands the

presence of arterial blood, and the mere circumstance of calling the muscles into activity, makes the pulsations of the heart full and strong, quickens the circulation, and augments the supply. This increase, in its turn, enables the organs through which the blood is distributed to act with greater energy and effect, and the augmented action produces a corresponding exhalation and waste. To renovate the sanguineous mass, thus deprived of its nutritive properties, a greater amount of food is required—the promptings of the appetite become more imperative, and the process of digestion more vigorous and successful. The aliment received into the stomach is more readily converted into perfect chyle—its absorption and transmission into the circulating current is more rapid—respiration becomes deeper and more frequent than before—the blood speedily undergoes its full and appropriate change in the lungs, and in its passage through the system stimulates all the vital functions into easy and harmonious play. These results, so auspicious to the scrofulous constitution, are almost sure to flow as a natural consequence from a judicious plan of exercise.

In our attempts to prevent an active incursion of the disease, much can be accomplished by attending to the condition of the cutaneous membrane. The sympathetic bond which unites the different organic functions is nowhere more visible than in the relation between the skin and digestive apparatus. If the exhalent vessels of the former be interrupted in their office, so as to prevent them from conveying the perspirable fluid to the surface, the mucous membrane and chyloferous vessels of the intestines and the glands of the mesentery will become irritated, the several processes of digestion will be incomplete, and the peristaltic action irregular; and no treatment, directed to the chylopoietic viscera, will be likely to succeed, until the natural course of the cutaneous transpiration is restored. I have long been persuaded that the agency and influence of the skin over the internal organs, especially the digestive, have been too frequently overlooked in this disease. In mesenteric obstructions and glandular enlargements, the happiest effects may often be obtained from the continued use of baths, affusion or sponging, while at the same time the diet and habits of exercise are properly regulated. The sponge, with warm water and soap, or warm salt water, joined with friction of the body with a coarse napkin or flesh brush every second day, is the safest and least objectionable mode of preserving the necessary cleanliness of the skin and keeping up its due function. In a majority of scrofulous constitutions the circulation in the extreme vessels is seldom sufficiently vigorous to secure reaction after the cold bath.

Flannel should be worn next to the skin. Besides serving as a defence against the sudden abstraction of the animal heat during the variations of our capricious climate, it produces a gentle irritation on the surface at every movement of the body, and maintains a salutary action on the cutaneous vessels.

The combined advantages arising from a correct system of dietetics, from habitual and varied exercise, and from a scrupulous regard to personal cleanliness and warm clothing, will often be found adequate to the

exigencies of the scrofulous invalid ; they will at least do more for the patient, during the first period of the disorder, whatever be its variety or locality, than all the reputed specifics. This hygienic discipline will gradually improve all the languid functions of the body. The digestive powers will execute their charge with fidelity, and those of assimilation will thus be relieved of embarrassment ; the blood will be duly elaborated, the amount of nutrition will exceed that of waste, and the whole bodily frame will be raised to a higher degree of health and elasticity, and its susceptibility to an active development of the disease greatly diminished. So long as scrofula manifests itself through the characters peculiar to the lymphatic temperament, and by an interruption or inertness, more or less difficult to perceive, in the function of the part implicated, the most we can do is to employ such means as are suited to fortify the constitution, and thereby, if possible, effect the resolution of the malady. This course is always judicious—always safe. Everything that may irritate the stomach and bowels, such as elixirs and alcoholic medicines, should be avoided in the first or inert stage of the complaint, because they will be likely to hasten it on to a state of inflammatory action. As a substitute for spirituous tinctures, the aqueous preparations of cinchona, gentian, simarouba, &c., should be prescribed. They contain all that is tonic in these substances, and are free from the peculiar qualities contained in the vehicle to which I object. A few grains of rhubarb should be given occasionally with either of the above preparations, to preserve the bowels in a soluble condition. The following combination is good, where an aperient is required. R. Carb. sodæ, 3 ss. ; pulv. gm. guaiac., rad. rhei., āā 3 iss. M. Ft. chart. No. xii. Two or three to be taken every second day in 3 i. of syr. rhei comp.

If the *glands of the neck, groin, &c.*, become painful and inflamed, the treatment must be similar to that of inflammation arising from any adventitious cause. To prevent the threatened suppuration and dissipate the tumors, topical remedies, almost without number, have been tried. Leeches, and an evaporating lotion of the liq. plumb. sub-acetat. with spirits of wine and water, are the best local applications. Their use should be combined with mild cathartics. The submuriate of mercury with scammony, jalap or rhubarb, every third or fourth day, is recommended by many practitioners ; but as the object at this stage is simply to remove inflammation, I prefer the sulphate of magnesia dissolved in a liberal quantity of infusion of chamomile or gentian, and given, cold, in divided portions. For young children who cannot readily be prevailed upon to take this saline mixture, the following will be convenient. R. Pulv. rad. rhei, magnes. calcin., āā gr. iv. ; submur. hydrarg., gr. ij. vel iij. Mix, and give night and morning in 3 i. syr. sennæ, or syr. rhei comp. every third day. The dose can be varied according to age. The practitioner should be on his guard not to urge his remedies too far. The cooling applications should be so managed as not to reduce the temperature below the healthy standard. Too great a degree of cold will produce an unprofitable chill in the whole system of a weak scrofulous patient, and if the glandular enlargement be considerable, will diminish the vitality of the part and increase its disposition to suppurate.

For the same reason the use of leeches and cathartics should be moderate, though often repeated. When the progress of the tumor is arrested, its absorption should be attempted by stimulating liniments, small blisters, and frictions with the bare hand. A solution of sulphate of zinc—3 ij. to 3 viii. of soft water—applied two or three times a day, is very beneficial from its cooling effects and the gentle stimulus which it imparts to the surface. Warm salt water baths, used with soft flannel rags, and kept on the part for an hour, night and morning, are sometimes very useful, and always grateful to the patient.

The liquor potassæ has enjoyed a high reputation as a deobstruent. Given in as liberal doses as the stomach will bear, at short intervals, it sometimes succeeds in discussing the tumors when unattended with pain or any considerable symptomatic fever. It is contra-indicated when increased vascular action is present. Iodine has for some years attracted much attention, and been subjected to every variety of test in this disease. Its fortune has thus far been various. In 1831 M. Lugol, of Paris, who had every facility in the extensive wards of the St. Louis Hospital, dedicated exclusively to the treatment of scrofulous maladies, published the results of his experiments with this remedy in different forms. These results appear truly astonishing as it regards the success which followed. His statements are verified by Magendie and others. The same pharmacæutic compounds used by Lugol, have been tried by surgeons in this country and England, but seldom with any decided advantage, amounting to a cure. During the first period of lymphatic enlargements, a small quantity of the hydriodated potas. ointment, or the iodate of zinc ointment, rubbed upon the tumors night and morning, will sometimes act favorably and with promptitude. The tincture may also be serviceable at this stage; but if the irritation become raised to the second or inflammatory stage, which is marked by heat and redness in the tumefied ganglions, iodine in any form will be improper, as it will be likely to hasten suppuration.

All remedies employed to prevent suppuration will frequently prove unavailing, particularly in irritable habits. This event may be anticipated when the tumor increases in size and the skin looks red. As soon as fluctuation is perceptible, a small puncture should be made in the abscess. It is advisable to afford an exit for the matter as early as possible; for if we delay, the cellular membrane may be destroyed to a considerable extent, and the abscess will be apt to spread in a lateral direction instead of approaching the surface; the death of the skin will also ensue, and a sloughing ulcer be established. This occurrence will be more likely to happen when matter does not form within the substance of the diseased gland, but around it—the gland itself remaining entire, and undergoing no diminution, even after the escape of the matter. If sloughing sets in, the tinct. benzoin. comp. will be the best external application. Pieces of lint should be soaked in it, and applied twice a day. It is sometimes necessary to dilute it with warm water. If the abscess be indolent, a solution of the sulphate of zinc—one scruple to a pint of water—cautiously injected every other morning, will cause healthy granulations to shoot up, alter the quality of the secretion, and

effect a mutual adhesion of its parietes. It should also be washed daily with a decoction of carrots. The application of judicious compression to keep the parts in apposition, is likewise essential.

If scrofulous ulcers are extensive and of long continuance, they exert considerable influence over the constitution, and they cannot always be suppressed without danger. When, therefore, we attempt their cure, it becomes necessary to sustain the patient with food of nutritious quality, and at the same time direct gentle purgative medicines with a view to establish derivation from the alvine canal and other important organs. These ulcers require great care on the part of the surgeon. Their granulations are endued with a weak vitality, and are apt to be suddenly destroyed without any assignable cause. When stimulated by topical remedies, they undergo a favorable change, become more compact, lose their thin glossy aspect, and the cicatrix is more firm than when healed by any other mode.

A strong solution of argent. nitr., or the solid caustic, may be touched on lightly every day, or every other day, with good effect. The ung. hydrarg. nitr. and the ung. hydrarg. are good, particularly the former. The basilicon ointment is also one of the best topical applications. The ulcers will frequently receive the utmost benefit from a covering of soft, dry lint moderately confined in the cavity by diachylon plasters; or the lint may sometimes be saturated with the yellow wash. I have frequently found the application of soft cloths soaked in warm water useful. Let the part be exposed to the vapor for twenty or thirty minutes twice a day. Equal parts of prepared chalk and finely-pulverized rhubarb, sprinkled freely on the base of the ulcer, may be used to advantage. If the ulcer yields but a trifling exudation, as is usually the case with those of ancient date, the powder, as well as dossil of dry lint, if not disturbed in the dressing, will adhere to its surface for several days; and it is a judicious plan not to renew either of these applications until they are cast off by the suppurative process, or come away with the incrustation which may form.

The different preparations of creosote have lately been introduced as topical remedies of surprising utility.\* The potent qualities of the article are well known; but I am a stranger to its claims here. Probably they are on the same footing with those of pyroligneous acid.

Compression, according to Baynton's contrivance, is a therapeutic agent employed with the most favorable results. The ulcer should first be dressed with some of the remedies mentioned, and then covered with adhesive straps in a manner that shall produce considerable pressure. Suppose the leg to be the seat of ulcer. It should be shaved and wiped dry; the straps about three fourths of an inch wide, with straight edges, and warmed. Let the lower border of the first strap extend an inch below the discoloration. The straps should be held between the thumb and index finger of each hand, and so applied that the extremities shall be equi-distant from the ulcer. The central part of the strap should be brought in contact with the limb first, and equable pressure made by pulling at both ends alike, and exerting a uniform power on



every part. Unless the manipulation be well conducted, one edge will be too loose, while the other will be too tense and act as a ligature. Some surgeons recommend that the strips overlap; but if the edges are cut straight, they may lay in exact juxtaposition. This will prevent the formation of ridges in the skin. If suppuration is profuse, space must be allowed for its escape between some of the strips. The plasters should be continued one or two inches above the ulcer, and should encircle about two thirds of the limb. The spiral bandage comes next. It should be of new cotton cloth, of rather fine and firm texture, of one entire piece, with the selvage removed. It should be two or three inches wide, according to the size of the limb, and of sufficient length to surround it as high as the knee. It should be adjusted with great accuracy, else it will be useless. Begin near the toes—let each turn overlap the preceding one by about one third its width. In properly fitting the turns about the ankle, the young surgeon may be somewhat perplexed, but he must repeat his efforts at this part until the desired smoothness and security are gained. In advancing upward, the increasing periphery of the limb will occasion the lower margin of the bandage to be looser than the upper, which would make deep impressions upon the tender skin. To prevent this, let the thumb of the left hand press upon the last turn of the bandage, while the upper edge is cast over and downward upon the lower by a flirt of the right hand. By this manœuvre the two edges will be made to compress with uniformity. It will be requisite to repeat the movement at nearly every circular turn, until you reach the bellies of the *gastrocnemii* muscles. I deem it expedient to be thus minute, because the plasters and bandage, skilfully managed, are of paramount importance, and because they are sometimes applied in so rude a manner that they produce mischief rather than benefit. If the foot and ankle become œdematous, the leg should be kept in a horizontal state.

Ophthalmic ulcerations are benefited by a small open blister at the back of the neck as a counter-irritant. Relaxing applications are injurious. Slightly astringent collyria—the unguent. *tutiae*—and equal parts of ung. *hydrarg. nitr.* and unguent. *stramonii*, are useful. Of all unctuous substances, I prefer the mixture last mentioned. If the ulcers do not heal under this treatment, a solution of nitrate of silver—three grains to an ounce of rosé water—is advisable. A covering of green silk, merely, should defend the eyes. The *sulphuret. hydrarg. nigr.* may be advantageously and liberally given for several weeks in this as well as most other modifications of scrofula. The efficacy of this medicine is increased by combining it with small doses of *magnesia* or *rhubarb*. When more lymph is effused than comports with the healing process, topical bleeding and mild purgatives will be required, and stimulating remedies must be withdrawn.

Constitutional medicines exert great influence over scrofulous ulcerations. The carbonate of iron, quinine, *tinct. ferri muriat.* and other tonics, should be administered, in combination with the compound syrup of *sarsaparilla*. Sir E. Home and Mr. Cline state, from experience, that the *sarsaparilla*, when subjected to heat, has not the same powers



of a restorative agent as in the form of powder, and they warmly express themselves in favor of the latter preparation in doses of ʒij. three times a day. Surgeons very generally use the decoction or compound syrup, but the suggestion in regard to the superiority of the pulverized root is entitled to consideration. The compound decoction of guaiacum makes an excellent alterative tonic, and may be used for any length of time. It goes well with the blue pill, and is prepared thus: R. Rasur. ligni guaiac., rad. sarsapar. fissæ, aa ʒi.; coq. in aq. fontan. ℞ij. ad ℞ij. Eight to twelve ounces to be taken warm every day, and a blue pill every second or third night.

(To be continued.)

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THE LATE LADY FLORA HASTINGS.—SIR JAMES CLARKE'S  
STATEMENT OF THE CASE.

[As this case has excited much attention in the medical as well as political world, and as it has already been alluded to in the Journal, we take the earliest opportunity of copying Sir James Clarke's statement of the affair.]

On the 10th of January last I was consulted by Lady Flora Hastings, who had that day arrived from Scotland, and had come into waiting on her Royal Highness the Duchess of Kent. She had derangement of the bowels, and of the general health, and she complained of pain low in the left side. There was also considerable enlargement of the lower part of the abdomen.

Under the use of some few very simple remedies the derangement of the bowels and the pain in the side gradually abated, and ultimately ceased; and Lady Flora complained only of weakness.

The size of the abdomen, however, continued undiminished; and Lady Flora's appearance became the subject of remark in the palace. About the 1st of February, as nearly as I am able to fix the date, I was sent for by Lord Melbourne; and, on going to him, his Lordship informed me that a communication had been made to him by Lady Tavistock, respecting Lady Flora Hastings, whose appearance had given rise to suspicion in the palace that she might be privately married; his Lordship asked my opinion on the subject. I stated, in reply, that while I thought such suspicions ought not to be readily listened to, I was, at the same time, bound to admit to him, that the appearance of Lady Flora in some degree countenanced them. I added that, without more ample means of observation, I could not venture to give an opinion on the subject; and his Lordship agreed with me that no step should then be taken in the matter.

From this time the condition of Lady Flora Hastings caused me considerable anxiety. The only source, besides pregnancy, from which the size and peculiar form of the abdomen could proceed, was disease; but the probability of disease being the sole cause in Lady Flora's case, was diminished by the circumstance that the enlargement was accompanied by very little general derangement of health. In fact, Lady Flora

continued to perform her usual duties with apparently little inconvenience to herself.

I continued to visit Lady Flora about twice a week, from the 10th of January to the 16th of February, and on several occasions examined the state of the abdomen over her dress; but being unable in this way to satisfy myself as to the nature of the enlargement, I at length expressed to her my uneasiness respecting her size, and requested that, at my next visit, I might be permitted to lay my hand upon her abdomen, with stays removed. To this Lady Flora declined to accede.

Matters remained in this state until the 16th of February. On that day I found it had been determined that I should acquaint Lady Flora with the suspicion which existed in the palace, and should suggest her calling another physician into consultation with me. Before visiting Lady Flora, I asked Lady Portman, the lady in waiting, if I might use her name to Lady Flora as one of the ladies who entertained the suspicion respecting her. To this Lady Portman at once assented. Her ladyship then described the peculiarities in Lady Flora's form and carriage, which had produced the impression in regard to her state. To the question as to what my opinion on the subject was, I replied that the appearances were certainly suspicious, but that even to medical men such appearances were often deceptive. Lady Portman concluded by observing, that for the sake of Lady Flora Hastings herself, as well as of the Court, it was necessary that the matter should be cleared up. Immediately after this interview with Lady Portman, I went to Lady Flora for the purpose of making to her this very unpleasant communication; and I need hardly add that I made it in the most delicate terms that I could employ. After a few remarks on the state of her health, I told her that her size had attracted the attention of the ladies, and that it was now my painful duty to acquaint her ladyship that they had in consequence been led to suspect that she must be privately married. This was the mode, and these were the words in which the painful communication was made.

I urged Lady Flora, for obvious reasons, if there were grounds for this suspicion, to acknowledge the fact, and if not, to see another physician at once, to put an end to the rumor. Lady Flora denied that there were any grounds whatever for the suspicion, and named Sir Charles Clarke, who, she said, had known her from her childhood, as the physician she would wish to be called in; but she declined, notwithstanding my earnest entreaties, to see him on that day. This refusal, after the reasons which I had given, lessened very considerably the effect upon my mind of her Ladyship's denial.

After the interview with Lady Flora, it remained for me to communicate what had passed to her Royal Highness the Duchess of Kent. I therefore informed Lady Flora that I was going to her Royal Highness for that purpose; to the propriety of this Lady Flora immediately assented. I accordingly went to the Duchess of Kent, and stated the nature of the interview I had had with Lady Flora. Her Royal Highness immediately expressed her entire disbelief of anything injurious to Lady Flora's character, and she asked me my opinion. However

reluctant I felt to express any doubts on the subject after Lady Flora's declaration, I could not decline giving a conscientious reply to her Royal Highness's questions; and I answered to the effect that the suspicions I previously entertained were not removed.

In the course of the evening of the day on which I made the communication to Lady Flora Hastings, I received a note from her Ladyship, of which the following is a copy:

"Saturday.

"Sir,—Although I think you perfectly understood me this morning, that I did not wish you to take any steps without hearing from me, it is, perhaps, better, to obviate the possibility of any mistake, that I should say so. I shall be governed entirely by her Royal Highness's wishes and orders.

Yours, sincerely, FLORA ELIZ. HASTINGS."

I heard nothing more on the subject till the afternoon of the following day (Sunday, February 17th), when I received another note from Lady Flora, of which the following is a copy:

"Sir,—By her Royal Highness's command I have written to ask Sir Charles Clarke to name an hour this afternoon to come to me. He has answered my note by coming, and is now here. Could you come and meet him?

Yours, sincerely, F. E. HASTINGS."

On receiving this note, I immediately went to Lady Flora and found Sir Charles Clarke with her Ladyship. He stated to me, in Lady Flora's presence, as part of the conversation he had had with her, that he urged her, if there were any grounds for the suspicion entertained, to admit the fact now, as after the examination it would be too late.

After this conversation, Lady Flora requested that Lady Portman might be called in. On her arrival Lady Flora retired to her chamber, where her maid was in attendance. After Sir Charles Clarke had made an examination he returned with me to the sitting-room, and stated, as the result, that there could be no pregnancy; but at the same time he expressed a wish that I also should make an examination. This I at first declined, stating it to be unnecessary; but, on his earnestly urging me to do so, I felt that a further refusal might be construed into a desire to shrink from a share of the responsibility, and I accordingly yielded. After finally consulting, we gave the following certificate:

"Buckingham-palace, Feb. 17, 1839.

"We have examined with great care the state of Lady Flora Hastings, with a view to determine the existence or non-existence of pregnancy; and it is our opinion, although there is an enlargement of the stomach, that there are no grounds for suspicion that pregnancy does exist, or ever did exist.

(Signed) CHARLES M. CLARKE, M.D.

JAMES CLARKE, M.D."

Before parting with Lady Flora, both Sir Charles Clarke and myself pressed upon her Ladyship the expediency of her appearing on that day at table as usual.

Such is a plain statement of the leading facts of this unfortunate case, so far as I am concerned. That I was unable to ascertain the true nature of Lady Flora's state, I at once admit, and most deeply regret;

but when the difficulties which frequently occur in cases of this description, even where every facility is afforded for investigation, are considered, it can scarcely be made a matter of reproach to me that, amidst the disadvantages under which I labored, I was unable to affirm that Lady Flora's change of appearance was the result of disease, and disease alone. If even Sir Charles Clarke did not venture to express a positive opinion until after a careful examination, it will be readily conceded that no other person could have done so without recurring to some similar proceeding. And if anything further were required to establish the difficulties of this very peculiar case, and the heavy responsibility attaching to a decision on it, Sir Charles Clarke knows that there are other facts connected with it, which prove in the most unequivocal manner both the one and the other; facts which do not throw the slightest shade of doubt on the purity of Lady Flora, nor are they matter of blame to any one, but which it is not necessary to bring before the public.

The post-mortem examination established the fact, that the death of Lady Flora Hastings was occasioned by extensive disease, dating its origin "at some former and distant period of time;" and yet such was the obscurity of the symptoms which, during life, accompanied the disease, that its nature became evident a few weeks only before Lady Flora's death; and the fact of its having involved every organ within the abdomen was revealed only by the post-mortem examination.

I think it right to notice, in this place, a part of my conduct, which may at first sight appear censurable. I allude to the admission of my suspicion that Lady Flora might be pregnant, before I had been permitted more fully to examine into her state. Under almost any other circumstances it would have been highly improper for me to have answered an inquiry on such a subject; but as I could not authoritatively remove suspicions founded on appearances, which, taken alone, would in a great majority of cases indicate what was feared, and not the singular state of disease revealed after the death of Lady Flora, I felt it my duty, considering the very peculiar responsibility which attached to me, to confide the doubt which was in my own mind to those who had a right to demand my real opinion, and who, I felt assured, could not use it in a manner unfriendly to Lady Flora.

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, NOVEMBER 20, 1839.

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### MEANS OF IMPROVING THE MENTAL AND PHYSICAL FACULTIES.

REYNELL COATES, M.D., of Philadelphia, whose name is familiar to the medical public in various ways, delivered an address on the 20th of Oct., which was introductory to a popular course of lectures on the History of Organic Development, and the means of improving the mental and physical faculties, which has been published by the members of the class. As a whole, the discourse is characterized by good sense, and good language

fitly spoken. The doctor, like a true and courteous knight, pleads for the ladies right manfully, and thus we are led to infer that he must be popular with all the intellectual fair of Philadelphia and its liberties.

A principal object in this introductory, which will be read, we doubt not, with peculiar satisfaction by all who are so fortunate as to receive a copy, was to explain the character and tendency of the course of lectures upon which the author was then entering. He proposed to treat of the differences observed in motions and actions of animate and inanimate matter; of the resemblances between animals and vegetables; the structure and vital properties of a class of animals composed of simple elements, &c., all of which could not fail, in the hands of Dr. Coates, of being intensely interesting and instructive to a mixed audience. The manner of showing up "the proverbial vices of a village—envy, jealousy;" "the merchant, care-worn and distracted with risks of trade, looking with grudging eye upon the seemingly light and well-rewarded toil of the medical or legal student," &c., is exceedingly well done, and must have been received with approbation by all who had the good fortune to be present.

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*American Phrenological Journal.*—Another number of the second volume of the American Phrenological Journal has come tardily to hand, as usual, which is no small disappointment, since it is a favorite not easily dispensed with. Although admirably conducted, we think the editor sometimes, through an obliging disposition, allows occasional contributors too much room. Now the article entitled "Phrenology vindicated against the charges of Materialism and Fatalism" is one of those soporific productions that would put the inhabitants of a whole township to sleep at once, if they could be placed within the compass of the reader's voice. There is such a thing as wearing out the patience of professed advocates of the science, by imprudently permitting stockjobbers in phrenology, whose self-esteem makes them most unwelcome guests, to flourish like evergreens in a large part of every number of the Journal. Mr. Editor, give us more from your own deep fountain of phrenological knowledge, and eschew those prolix manœuvrers who manifest a spirited determination to sail in the ship in the capacity of passenger and captain too.

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*Death of Dr. Milton Antony.*—Died at Augusta, Geo., Milton Antony, M.D., Professor of Obstetrics, &c., in the Medical College of Georgia. The last No. of the Southern Medical and Surgical Journal announces this melancholy intelligence in the following words. "It is with feelings of the most poignant sorrow, that we have to announce the death of Dr. Milton Antony, editor of this Journal. He expired on Thursday afternoon, the 19th inst., after an illness of five days." His loss is indeed a public calamity, and greatly to be deplored by the profession throughout the country. He retained the entire possession of his mind to the last, and the closing hours of an honorable and useful life were brightened by the hopes of a glorious immortality.

The vacancy in the Medical College has not yet been filled; nor is it decided who will in future edit the Southern Journal of Medicine.

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*Army Surgeons.*—Dr. Adam McLaren, assistant, to be surgeon, since June 30th; vice Dr. Clark, deceased. Surgeon R. Clark, died 29th of

June in Florida. Assistant Surgeon T. J. C. Munroe, died October 23d, at Fort Niagara. Assistant Surgeon Erastus B. Wolcott has declined promotion. Assistant Surgeon Baldwin is stationed at Fort Dallas. Assistant Surgeon Conrad is at Fort Pierce. Assistant Surgeon De Leon, at Fort Smyrna. Assistant Surgeon Hughes, at Fort Lauderdale. Assistant Surgeon McLaren, at Fort Sullivan. Assistant Surgeon Worrell, at Fort Cummings.

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*Tying the right Subclavian Artery.*—The patient is to be placed in the same position as for tying the arteria innominata. The first incision should commence immediately above the sternum, at the internal margin of the sterno-mastoid muscle, and be continued horizontally outward for the extent of about three inches; the second incision, about two inches long, should descend along the internal margin of the same muscle, so as to terminate inferiorly in the internal extremity of the preceding incision. The flap of integument thus formed is to be dissected up, and the lower part of the sterno-mastoid exposed. Behind this muscle a director is to be now introduced, on which its sternal and part of its clavicular origin should be divided. In a similar way the origin of the sterno-hyoid, and then of the sterno-thyroid, should be cautiously divided on a director. By scraping through some cellular membrane we may now get a view of the carotid artery, and by passing the finger between this vessel and the jugular vein (which is situated more externally), the subclavian artery may be felt. It is crossed near its origin by the pneumogastric and recurrent nerves, which must be drawn *inwards*, and the needle is to be carried round it, from below upwards and inwards on the inside of its vertebral branch. The cardiac filaments of the sympathetic nerve should be avoided, and the operator should bear in mind the vicinity of the cone of the pleura, as it may be wounded in performing this operation.

The operation of tying the subclavian artery in the first part of its course has been three times performed: 1st, by Mr. Colles, of Dublin; 2ndly, by Mr. Hayden, of Dublin; and 3rdly, by Mr. O'Reilly, of Dublin. —*Flood's Surgical Anatomy of the Arteries.*

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*Gangrene of the Heart.*—The mother of a boy, ætat. 19, requested me to see her son, whom she described as laboring under brain fever. I found him perfectly insensible—pupils contracted. On examining his countenance his lips were purple, and there was a slight blue œdema about the mouth. I was satisfied that this was a severe disease of the heart, and mentioned that this was my impression. The history of the case was this: The boy had been neither ill nor well for a fortnight; he had run away from his parents, and had been lodging with his new master, in a damp cellar, upon a bed of wet straw. Since the previous day his state had become much worse. I bled him, taking away sixteen ounces, when he was able to describe the previous pain at his heart, his difficulty of breathing, faintness and weakness. Calomel, squills and digitalis were prescribed. The next day, being Friday, I found him relapsed into unconsciousness; he was again bled, but not with the same effect. He remained comatose, and sunk on the Saturday morning. The friends would allow me to examine the chest only. The lungs were sound but gorged; the pericardium, containing four ounces of flocculent serum, was altered in transparency, and thickened; the heart whitish,

flabby, but minutely injected with red air vessels; substance decomposed, and very easily torn. The right cavities presented a deep purple-brownish hue, not merely painted upon the surface, for the organs offered the same character when deeply incised. The left cavity assumed a most splendid scarlet appearance, which also continued into its substance. The valves, in texture, were of the most friable nature. I entreated permission to preserve the right cavities, but was refused, the express condition of my being permitted to make an examination being that I should take nothing away.—G. SPILSBURY, in *London Lancet*.

**Medical Miscellany.**—Dr. Stribling, late superintendent of the Staunton Lunatic Asylum—an office which he has just resigned—is spoken of as a candidate for the chair in the University of Virginia, vacated by Dr. Griffith.—Dr. Haynes's newly-invented instrument is properly appreciated by a discerning medical public.—Dr. Chadbourne's institution for hernia, in the same town (Concord, N. H.), has a growing reputation.—Dr. Brockenbrough is candidate for Governor of Virginia.—Dr. March, of Albany, has performed the rhinoplastic operation with a good prospect of complete success. We should be pleased to publish the particulars of the case.—The Emperor of Russia has presented to the Library of the University of New York, a splendid work on surgery, in royal folio. The plates are copper engravings, of the size of life, in duplicate sets of outline and full engraving.—One hundred and twenty-three deaths in New York last week: in Philadelphia, the week before, only seventy.

Whole number of deaths in Boston for the week ending Nov. 16, 29. Males, 17—females, 12.

Of consumption, 4—hemorrhage, 1—scarlet fever, 4—infantile, 1—smallpox, 2—chicken pox, 1—inflammation of the brain, 1—suicide, 1—lumbar abscess, 1—inflammation of the bowels, 1—apoplexy, 1—dysentery, 1—canker rash, 1—typhous fever, 4—dropsy on the brain, 1—casualty, 1—pleurisy fever, 1—tumor, 1—lung fever, 1—stillborn, 3.

#### TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructors.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

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**THEORY AND PRACTICE OF MEDICINE, CLINICAL INSTRUCTION, AND MATERIA MEDICA,** under the superintendence of Dr. Bigelow.

JACOB BIGELOW,  
EDWARD REYNOLDS,  
D. HUMPHREYS STORER,  
OLIVER W. HOLMES.

Boston, Nov 20, 1839.

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#### DRS. FLINT AND JONES

PROPOSE to give a private course of Lectures on Anatomy, Physiology and Surgery, to commence December 1st, current, and continue to March 1st, 1840.

They have convenient rooms, a good Library, and such facilities for dissections as will render a course of lectures interesting and useful to medical students.

J. H. FLINT.

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Dr. F. & J. will allow their pupils daily access to their "Private Hospital," and also to witness such operations in surgery and important cases in medicine as may occur in their private practice.

Springfield, Mass., Nov. 9, 1839.

N 20—2r



### THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.

In offering his instrument to the faculty, Dr. Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents

*Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated*

Cincinnati, May 11, 1837.—“I have carefully examined the new *Uterine Truss* invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the *Uterine Truss* contrived by Dr. Hull, and is, in all respects, a far superior instrument.”

See, also, “The Western Journal of Medical and Physical Sciences.”

Professor McClelland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that “every word of Dr. Eberle’s opinion is true.” Professors Channing and Hayward, of Boston, expressed like opinions.

*Extract of a letter from Prof. Sewall to Prof. Bigelow, dated*

18th May, 1837.—“Dr. Thompson will be pleased to show you a *Uterine Truss* which he has invented, of very superior structure to anything we have.”

*Extract of a letter from Prof. Peizotto to Dr. Thompson, dated*

Columbus, Jan. 10, 1838.—“Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally.”

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, \$10.

June 12—1y

### PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,  
WALTER CHANNING,  
JOHN WARE,  
GEORGE W. OTIS, Jr.  
WINSLOW LEWIS, Jr.

Oct. 31—eptf

### SCHOOL FOR MEDICAL INSTRUCTION.

The subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,  
JOHN B. S. JACKSON,  
ROBERT W. HOOPER,  
J. MASON WARREN.

Oct. 9—tf

### MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.  
H. I. BOWDITCH, M.D.  
J. V. C. SMITH, M.D.  
H. G. WILEY, M.D.

Oct 9—cop

### VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

TREATMENT OF HERNIA.—E. W. LEACH, M.D. Office No. 134 Hanover street, Boston.

Reference.—John C. Warren, M.D.; George C. Shattuck, M.D.; John Ware, M.D.; John Jeffries, M.D.; Edward Reynolds, M.D., Boston. W. J. Walker, M.D., Charlestown.

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